



# ADULT SOCIAL CARE & PUBLIC HEALTH Business Plan 2017/18

September 2017



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# 1. Directorate Overview

<b>Directorate</b>	Adult Social Care and Public Health
<b>Services Covered</b>	<p>Services are provided through four divisions:</p> <ul style="list-style-type: none"> <li>• <b>Operations</b> including: <ul style="list-style-type: none"> <li>- Front door, hospital discharge and community independence services.</li> <li>- Complex community social work services including mental health and learning disabilities partnership</li> <li>- Provided Services</li> </ul> </li> <li>• <b>Public Health</b> (including strategy, commissioning and partnership and programme management)</li> <li>• <b>Commissioning and Enterprise</b> (including Procurement and Business Analysis)</li> <li>• <b>Finance and Resources</b> (including IT, Workforce Development, Communications and Transformation)</li> </ul>
<b>Executive Director</b>	Bernie Flaherty, Bi-Borough Executive Director
<b>Cabinet Members</b>	Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health

Service Scope		
<b>Adult Social Care</b>		
Adult Social Care	Budget	Details
ASC Business	£0.170m	Directorate Management
ASC Finance & Resources	£3.240m	Financial Management, ICT, Transformation, Workforce Development and Communications
Integrated Care	£48.910m	Social work and care management. Placements and Packages
Strategic Commissioning and Enterprise	£14.770m	Commissioning, Procurement and Block Contract Investment
Whole Systems	£0.390m	Joint commissioning and service integration.



## Service Scope

### Public Health

Public Health	Budget	Details
PH Adults Commissioning	£20.69m	Service provides interventions and programmes tailored to address multiple unhealthy behaviours, risk assessment; follow up programmes and chronic disease self-management. The service provides targeted services to the borough's adult resident population.
PH Children's Commissioning	£8.473m	Designing and commissioning effective child, family and young people's health promotion and prevention programmes such as Healthy Start, Community Oral Health, Healthy Schools, School Nursing, Health Visiting and Family Nurse Partnership in close collaboration with Children services and other relevant partners to ensure children are healthy, happy, ready to learn and grow.
Public Health Director	(£1.136m)	Management of the directorate to deliver health outcomes.
Public Health Intelligence	£0.959m	Analytics, statistical returns and research to inform policy and practices.
Public Health Strategy & Operations	£0.842m	Strategy development, commissioning, campaigns, and project management.
PH Strategic Relationships	£6,701m	Liaison and building of partnerships with CCGs, contractors, LA directorates and other boroughs.

## Service Users

### Number of people accessing long-term support, March 31st 2016, WCC (SALT LTS001b)

Primary support reason	Res/ nursing care	Community services	Res/ nursing care	Community services
Physical, sensory, or social support	310	1,267	20%	80%
Support with Memory & Cognition	99	69	59%	41%
Learning Disability Support	97	315	24%	76%
Mental Health Support	162	493	25%	75%
<b>Total</b>	<b>668</b>	<b>2,144</b>	<b>24%</b>	<b>76%</b>

Public health commission a range of health promotion, prevention, support and treatment services. Key activity statistics include:

- In 2015-16 1,659 adult residents engaged in structured treatment, many more benefited from harm reduction initiatives and brief interventions. From those engaged in structured treatment, 22% are known to mental health services, 8% are of no fixed abode and 28.9% are parents, the majority of which do not have their children living with them.
- 4,729 sexually transmitted infections (STIs) were diagnosed in residents of Westminster in 2015, an increase on previous years. 24% of these diagnoses were in young people aged 15-24 years. Re-infection rates within 12 months are estimated at 9.5% of women and 15.9% of men.
- Over 5,000 residents will receive a health check in 2016-17.
- In 2015/16 the rate in adults was 17.1%; 9,430 set a 4 week quit date and of these 3,058 successfully quit smoking at 4 weeks (CO validation).
- In 2016-17, 105 community champions successfully supported 25% of the eligible (housing estate) population across various aspects of the behaviour change.
- Health Trainers provided direct support, guidance, and motivation to 1,300 individuals across the boroughs who want to make a change to their lifestyle.
- 566 residents have commenced courses to reduce their cardiovascular disease risk.



## 2. Priorities and Objectives for the Year Ahead

### Mission Statement

**Our overall mission is twofold reflecting the diversity of roles and services we have across public health and social care it is;**

- To promote health, wellbeing and continued independence, targeting those communities and residents that are most at risk and;
- To be here to support eligible residents through a life event that has left them needing support and care. Our overall approach is to focus on strengths and abilities of the customer. We want to enable them to recover or retain their independence. We want them to get support from family, friends, and neighbours and to be as self-sufficient as possible. We are a safety net for as short a time as possible.

We will collaborate with our partners to deliver the commitments outlined in the Westminster Health and Well-Being Strategy focusing on our priorities to **Prevent, Personalise, Localise** and **Integrate** to enable us to deliver our mission.

Our year ahead represents a continuing focus on service and performance delivery against our overarching goals and priorities. It is also a pivotal year for delivery of transforming services so that we are set up to successfully innovate, deliver better outcomes and continued savings.

Growing demand, challenges in the social care market and continued need for Local Government to deliver savings mean that a service reform is required. Service reform will need to consider service location and costs whilst continuing to meet customers' needs and our commitment to quality and choice. We can still deliver on this commitment but need to work in a different way as providers and commissioners to achieve these outcomes.

Our plan is to become strategic commissioners, with an alliance of providers working closely together to ensure there is joined up provision across the life course. Underpinning our mission is our intention to;

- Put the customer first.
- Protect our most vulnerable customers.
- Encourage Self-reliance and personal responsibility.
- Deliver better experience and outcomes.
- Balance between empowerment and safeguarding.
- Foster strong relationships with partners – better outcomes for residents, service users, carers and wider support.
- Provide greater productivity and value for money



## Objectives and Priorities for 2017/18

Our top five priorities and associated objectives, centred around **Prevent, Personalise, Localise** and **Integrate**, are set out below.

### 1. Upgrade our prevention and wellbeing programme.

Work with our partners to improve information and access including through digital channels: ensuring relevant and reliable health information is available and supports the promotion of good health, self-care and where appropriate pathways into support services. Key developments including training and educating staff to divert, refer, prevent and intervene early.

A major aspect of this work is the continued delivery against **our key 5 year public health objectives** including;

**Residents will be better enabled to make healthy choices by:**

#### **Children having a healthy start**

- Children will leave school a healthy weight
- Improve oral health
- Provide universal and targeted support to younger residents (mental health, school health, drug and alcohol, smoking and sexual health)
- Deliver joined up service provision for residents aged 0-19 which enhances effectiveness and efficiencies
- Promote maternal health
- Protect children from being exposed to tobacco smoke
- Prevent and reduce the impact of child poverty

#### **Relevant and reliable health information is accessible and digestible which enables people to make informed decisions**

- Promote good health, self-care and where appropriate, pathways into support services
- Develop a communications strategy which identifies effective channels to engage with residents about their health
- We will train and educate staff to divert, refer, prevent and intervene early

#### **Ensuring everyone has the opportunity to connect back to society and give back**

- Improve access to employment and meaningful activities for targeted groups
- Identify and develop community assets (including the community champions programme)

#### **By ensuring people in need have access to services to prevent, address or manage key risk factors while ensuring families and society are protected from health harms**

- Reduce premature mortality by investment in services which protect and promote mental health, physical health and well-being (e.g. preventing smoking and shisha use)
- Reduce the prevalence of substance misuse related offending and disorder through collaborating with criminal justice colleagues to maximize identification and communication of care
- Deliver effective and efficient sexual and reproductive health services which promote good sexual health, reduce the prevalence of STI infections and improve access to a range of contraception
- Improve access by ensuring services are widely marketed, responsive and flexible to needs of residents
- Proactive management and response for local disease outbreaks

#### **Ensuring the physical environment is conducive using place shaping approaches to support healthy choices**

- Improve air quality and protect the most vulnerable residents from exposure to high pollution
- Improve workplace health
- Develop healthy high streets which includes the promotion of active travel
- Improve housing conditions
- Increase accessibility for physical activity in public spaces/ facilities



## Objectives and Priorities for 2017/18

### 2. **Re-designing and re-commissioning care and support services and developing new approaches to support planning - to deliver better outcomes, quality and more personalised services.**

- Delivery major re-commissioning projects for carers services, extra care housing, learning disabilities accommodation and support, dementia day care provided service reviews.
- Full mobilisation and delivery of social work led work streams to better promote independence and reduce care and support costs wherever possible. This includes work focusing on assessment and reviews, direct payments, and e-purchasing as first choice and improved transitions management.
- Involving staff, partners and customers through consultation, involvement and co-production across all major projects and day to day service delivery.

### 3. **Delivering priorities for older people and people with physical disabilities, learning disabilities and mental health needs.**

- Continue to strengthen transitions management of young people with learning disabilities entering adult hood through delivery of the Preparation for Adulthood project with Children's services.
- Complete the local mental health strategy and delivery plan and initial priorities on completion of the day care re-commission, personalisation and direct payments and improvements to transition management across acute, secondary, and primary care.
- Continue to improve the quality of home care and delivery of the new standards for reabling and provision of low level health tasks.
- Continue to improve uptake of direct payments towards making this the first choice for delivery of care and support in the community.
- Review and set out priorities for improving care pathway management across all our customer groups including improved housing and adaptations provisions.

### 4. **Manage the market to ensuring we have the local workforce and safe and sustainable localised care and services that we need.**

- Delivery of the workforce development plans that reflects the WCC Route Map for Success including priorities for mobile and flexible working, readiness for service integration and making best use of all community assets and partnership to deliver health and wellbeing outcomes.
- Update our market management strategy focusing on improvement management of the biggest risks and opportunities. This will include developing a partnership approach with care and support service providers and adult education and employment programmes.
- Review our in-house provided services and all major block contracts to ensure they provide value for money and appropriate development within the local and sub-regional market.
- Continue to work in collaboration and strengthen our relationship with the West London Alliance of local authorities to develop joint commissioning and market management approaches to key areas of service including residential, nursing and step down services.

### 5. **Whole systems service integration and the development of new and innovative partnerships and collaborations.**

- Work closely with health to fully establish the governance and delivery structures for the STP and deliver the associated Better Care Fund Delivery Plan for 2017/18 including priorities for hospital discharge management, reablement, service integration and joint commissioning toward Accountable Care Partnerships.
- Be an effective public health department through the implementation of the divines our new operating model that is focused on building and sustaining coalitions within local government and the health system.
- Undertake preparatory work to set out the business case and readiness for integrating commissioning and other back office functions with the Clinical Commissioning Group and social work teams with a GP/Provider Trust hub structure.



## Major Projects and Service Improvement Planned for 2017/18

The Department has refocused its transformation work for the next three years around three core programmes that focus on the front door, demand management and prevention services (which encompasses the continuing development of the public health portfolio and health and wellbeing priorities), commissioning strategy for care and support services and whole systems integration. Associated deliverables for 2017/18 are set out in the above section on priorities.

Programme	Strategic Overview
<b>Front Door and Demand Management</b>	<ul style="list-style-type: none"> <li>• Single commissioning strategy that brings together ASC, Public Health, Corporate and CCG funding.</li> <li>• Refocus towards targeted prevention, short term interventions and priority outcomes.</li> <li>• Simplify front door system for ASC: digital development and self-service and transfer to lead provider and/or health front doors.</li> <li>• Extend focus on community and asset model of service delivery</li> </ul>
<b>Commissioning Strategy</b>	<ul style="list-style-type: none"> <li>• Tactical focus on high cost care packages, providers and system weaknesses.</li> <li>• Better transition planning and management.</li> <li>• Continued focus promoting independence including new annual review approach and further focus on Assisted Technology, adaptations and housing.</li> <li>• Establishing Direct Payments as the first choice service option.</li> <li>• Review all remaining in-house services.</li> <li>• Major re-design of care pathways and commissioned service portfolios.</li> </ul>
<b>Whole systems integration</b>	<ul style="list-style-type: none"> <li>• Integrate all back office services including commissioning, business analysis, communications and workforce development.</li> <li>• Integration of hospital discharge, CIS and community SW teams with provider trusts supported by systems and practice development.</li> <li>• Development of joint commissioning plans for top cross sector service priorities - as a step toward ACPs.</li> </ul>



### 3. Key Achievements over 2016/17

Over the last year the Adult Social Care and Public Health service has delivered the following:

Public health services are delivering major efficiencies across service portfolios including contract management and re-commissioning work in the substantive areas of substance misuse and sexual health. This is being used to support and sustain wider behaviour change and targeted preventative services.

**A wide range of innovations in public health services were delivered with encouraging evidence of impact and outcomes.** Key areas include;

- ✓ Launch of new drug and alcohol services
- ✓ Investment in a dual diagnosis service
- ✓ Redesign and re-commissioning of community sexual and reproductive health services
- ✓ Training a range of council staff to undertake health checks which is increasing uptake in key services including drug, alcohol and smoking cessation,
- ✓ Evolution of partnership working with housing providers and through community champions to improve community cohesion and address isolation,
- ✓ Re-procurement of school nursing services
- ✓ Development of a whole council model to tackle childhood obesity,
- ✓ Development of a prioritisation framework to support better return on investment.

**Our focus on driving up performance through a dedicated board and quarterly accountability review structure has delivered a solid and sustained positive direction of travel in the following areas;**

- ✓ A high level of clients with a personal budget
- ✓ Although direct payments has previously been low, it has now risen significantly and is likely to be comparable or above Inner London levels
- ✓ Better than Inner London and England for % of LD in employment and in settled accommodation
- ✓ Better than London and England for clients known to MH services living in settled accommodation
- ✓ An admission rate to care homes for older people which is lower than Inner London and England
- ✓ Favourable levels of delayed transfers of care days compared to London and England

**We delivered the Customer Journey Programme with all aspects of a major service restructure to deliver an easier to access and navigate service system for customers and a 30% cost reduction by 1<sup>st</sup> July 2017.** Within this programme we also;

- ✓ Established an innovative shared service system for hospital discharge management across NW London.
- ✓ Upgraded the service specification and staffing levels for front door services delivery in the key areas of screening needs, safeguarding and access to community equipment.
- ✓ Delivered the first stages towards a fully integrated community independence service with Central and Northwest London NHS Trust taking up management of all services as the lead provider on 1<sup>st</sup> Nov 2016.

**Established and fully defined the three-year portfolio of transformation work for 2017-2020 that is focused on the above noted 3 core programmes. Significant preparatory work to assure delivery of future service and savings benefits has been undertaken including;**

- ✓ Completion an innovative pilot to put reablement outcomes at the forefront of annual care reviews.
- ✓ Prioritised continuity of £1.404m of targeted preventative services through the use of public health funding.
- ✓ Initiated major re-commission projects for extra care housing, carers services, dementia day care and Learning Disabilities Accommodation and Support.
- ✓ Successfully secured funding for the only care led application for Health Education England to train local reablement and home carers in the new Nursing Associate care profession role.
- ✓ Established one of the most well regarded (by the Department of Health) 5 year STP plans and refresh of the associated borough Health and Well Being Strategy.
- ✓ Completed the transition phase of the Home Care Re-Commission with the majority of local services now provided by four patch providers. This has laid the foundation for the delivery of hybrid and reablement working that will follow.
- ✓ Put in place a strategy and delivery plan for Personalisation and Direct Payments and recruited a dedicated lead officer to take this forward.



## 4. Operating Context

### External/Internal Influences and Requirements

#### Our Overall Purpose:

We are here to support eligible residents through a life event that has left them needing support and care. Our overall approach is to focus on strengths and abilities of the customer. We want to enable them to recover or retain their independence. We want them to get support from family, friends, and neighbours and to be as self-sufficient as possible. We are a safety net for as short a time as possible. We have been successfully managing and delivery services on shared tri-borough basis since 2012.

We aim to put the customer at the heart of everything we do, and to use our significant position in the care market to ensure services are safe, integrated, and efficient.

While social care mandates set out the local priorities and approaches for each borough, the overall goals and approach of Adult Social Care are similar –person-cantered, high quality, integrated care provided in peoples' homes and communities. We strive for satisfying care experiences and positive personal and individual outcomes. We aim to achieve this by continuing to deliver on four key strategic priorities;

- a continued focus on **targeted prevention** and support for vulnerable people to ensure they remain independent and healthy for as long as possible, thereby delaying progression onto more intensive forms of care and maintain people in their own homes in the community wherever possible.
- facilitating and providing **personalised** services that delivers the outcomes that are important to customers for maintaining or improving health, wellbeing and independence; offering choice and control including the take up of direct payments as a first choice
- delivery of **integrated** services and systems with health, housing and provider partners so that a coordinated and seamless services is experienced that makes the most of the collective resources we have at our disposal
- **localised** services that are easy to access and reflect local needs, priorities and the best use of all the assets in the community that can contribute.

Our operating context is characterised by a combination of considerable challenges and opportunities for transformation. Cutting across both aspects is demand and cost management; the need to deliver on transformation opportunities at pace so that we can achieve large scale reduction benefits and continue to make net savings. This must be delivered against unavoidable pressures that are bearing down through market and demographic pressures.

The health of people in Westminster is varied compared with the England average. Westminster is one of the 20% most deprived districts/unitary authorities in England and life expectancy for both men and women is higher than the England average although life expectancy is 11.4 years lower for men and 7.8 years lower for women in the most deprived areas of Westminster than in the least deprived areas.

About 30% (8,300) of children live in low income families. In Year 6, 24.1% of children are classified as obese, worse than the average for England, while alcohol specific hospital stays in those under 18 was better than the England average. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

In our adult population, the rate of alcohol-related harm hospital stays, self-harm hospital stays, smoking related deaths and estimated levels of adult excess weight are better than the average for England. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are worse than average.



**External/Internal Influences and Requirements (continued)**

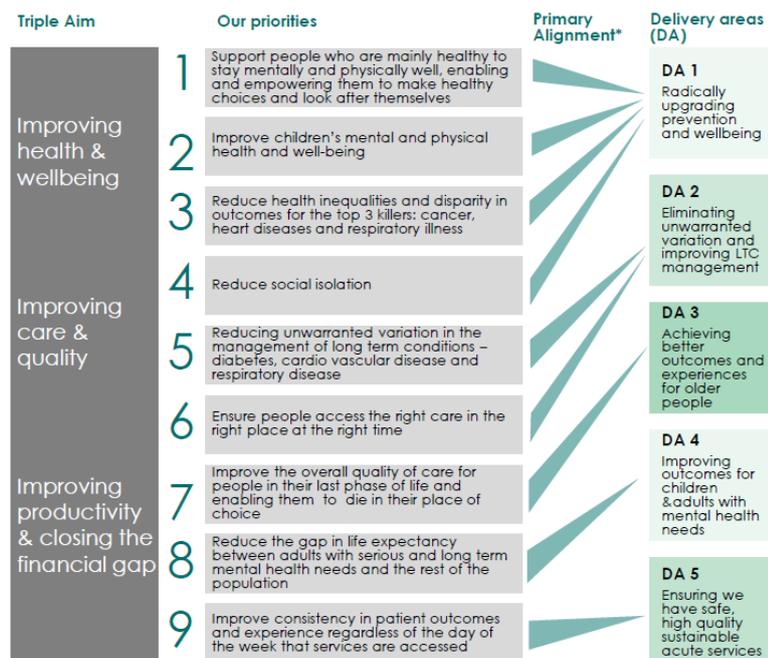
The **Public Health led vision for health, wellbeing and prevention** is that all people in Westminster are able to be well, stay well and live well, supported by a collaborative and cohesive health and care system. Our strategy and commitments are set out in the Councils **Health and Wellbeing Strategy**.

*Summary of strategic priorities and long term goals from the Health and Wellbeing Strategy for Westminster.*

<b>Strategic Priorities (2017-2022)</b>	<ul style="list-style-type: none"> <li>Improving outcomes for children and young people</li> <li>Reducing the risk factors for, and improving the management of, long term conditions such as dementia</li> <li>Improving mental health through prevention and self management</li> <li>Creating and leading a sustainable and effective local health and care system.</li> </ul>			
<b>Long Term Goals (2013-2028)</b>	Improving the environment in which children and young people live, learn, work and play	Helping more people to live healthily for longer and fewer die prematurely	To help create a safe, supportive and sustainable city in which all are empowered to play as full a role as possible	People living with injury, disability, long term conditions, and their carers have a good quality of life and remain independent for longer.

**The North West London Sustainability and Transformation Plan (STP) 2017-2022** priorities identify enabling and empowering individuals to make healthy choices and look after themselves. This is alongside reducing variation in the management of long-term conditions – diabetes, cardio vascular disease, and respiratory disease as key priorities in ‘Delivery Area 1’. This work is underpinned by the NHS Five Year Forward View strategy and is one of the London Mayor’s priorities to reduce the life expectancy gap, and target hard-to-reach communities and vulnerable groups with a range of healthier lifestyle policies and initiatives. Other key aspects of need that are driving public health and prevention investment include high levels of obesity, mental ill health, sexual health and HIV transmissions and in particular high levels of inequity in health and morbidity within the borough.

*Priorities and Delivery Areas in the NW London Sustainability and Transformation Plan. Our plan for North West Londoners to be well and live well. 21 October 2016*



## External/Internal Influences and Requirements (*continued*)

The business plan for social care is being delivered within a wider context for system change that is set out in our 5-year Sustainability and Transformation Plan (2017-2022). At the heart of this plan is the ambition to ‘flipping’ the historic approach to managing care; to turn a reactive, increasingly acute-based model on its head, to one where patients take more control, supported by an integrated system which proactively manages care with the default position being to provide this care as close to, or in people’s homes, wherever possible.

In contrast to significantly rising demand, the resources we have to prioritise social care are likely to continue and reduce, largely as a result of reductions in government funding. This means we have to change how we deliver services. Gross funding for Adult Social Care in Westminster has dropped by 12% in the last 3 years (2013-2016) with at least the same level of savings required over the next three years (2017-2020). This creates a substantial challenge in the delivery of safe, effective services to a rising demand from local people.

Transformation and savings are managed as a portfolio of three interrelated programmes that are focused on the front door, demand management and prevention (which incorporates and reflects our wider Public Health priorities), commissioning strategy for care and support services and whole systems integration. The portfolio reflects our strategy and delivery plans for the next three years and our continuing ‘Better for Less’ ambitions.

### **Legislative and statutory requirements**

Adult Social Care has a statutory duty to provide social care and support for vulnerable people in accordance with The Care Act 2014.

The Care Act 2014 consolidated and extended required statutory minimum duties. The Act also provides the overarching legal framework for continuing legislations e.g. the Mental Health Acts of 1983 and 2007. The overarching statutory duties are;

- Overall duty of wellbeing
- National eligibility criteria for adults and carers
- Safeguarding on statutory basis
- Duties towards carers
- Oversight of local care market

The associated services that must be provided on a statutory basis, in line with the specified duties and eligibility standards are;

- Preventative services, assessment, and care management
- Nursing and residential homes, community services (domiciliary care, day care, meals)
- Reablement to prevent hospital admission or enable continued independence, intermediate care (after a spell in hospital)
- Supported and other accommodation
- Individual budgets and direct payments to service users
- Safeguarding system and case management
- Provision of equipment and other related areas such as telecare, prescriptions, and equipment store

Service users include older people, adults with learning disabilities or mental health issues and with physical or sensory impairments.

Public Health duties of councils under the Health and Social Care Act 2012, include:

- Duty on upper tier and unitary authorities to improve the health of local people
- Duty to have regard to guidance including the Public Health Outcomes Framework
- Health and Wellbeing Boards as statutory committees of all upper-tier local authorities
- Director of Public Health must prepare an annual report on the health of the people in the area of the Local Authority.



**External/Internal Influences and Requirements (continued)**

Regulations specify the following mandatory services:

- National Child Measurement Programmed
- NHS Health Checks
- Sexual Health Services
- Provision of public health advice to CCGs
- Information and advice on health protection
- Some of the Healthy Child Programme (Children 0-5 PH services)

These functions are supported by a ring-fenced public health grant which has been confirmed until 2019/20 when funding from retained business rates are likely to replace the current Local Authority funding system. Public health services that are part of the comprehensive health service are governed by NHS constitution and so, for example, must be provided free at point of use.

**Key Strategies and Service Plans for the Directorate**

Strategy/Plan	Planned / Developed	Delivery Timeframe
Health and Wellbeing Strategy	Developed	2017-2022
Sustainability and Transformation Plan (NWL)	Developed	2017-2022
Workforce Development Strategy/Your Voice Action Plan	Developed	2017-2020
Market Position Statement	Developed	2017-2020
Commissioning and Procurement Priorities Plan	Developed	2016 – 2019
Communications and Change Management Plan	Developed	2017-2020
ASC IT Development Strategy	Developed	2013-2018
Personalisation Strategy and Development Plan	Developed	2016-2018
Health and Wellbeing Strategy	Developed	2017-2022
Public Health Tri-borough plan	Developed	2017-2021



## Staff Development and Capability

Adult Social Care has a Workforce Development Strategy 2017-20. The purpose of this strategy is to set out how we will manage and support our workforce so that we continue to succeed in meeting our ambitions. The overarching aim is to assure the capability and capacity we need to continue to succeed through a period of great challenge and opportunity. The plan is also supported by a complimentary Communications and Change Strategy.

A 10 point delivery plan for 2017/18 has been agreed that incorporates key actions for strengthening annual workforce planning, performance appraisal, divisional learning and development plans, succession and recruitment planning in the key areas of social work and commissioning and career pathway development.

Over the next 5 years, service integration will have a huge impact on skills development and ways of working; a new overview of future working has been developed and is being used to develop awareness, appetite and skills e.g. the annual social work conference in March 17 is focused on the unique value of social work in a change role.

The public health team are working in partnership with people's services to support staff to implement new ways of working in the lead up to and after the launch of the new operating model. Key focus is on agile working, matrix working, collaborative commissioning and taking forward priority actions following the release of the your voice survey results.

## Equalities and Diversity

As a people and community focused business equality and diversity management are at the heart of all that we do. ASC client groups and our services are focused on tackling high levels of inequality and the Care Act requires that assessment and services delivered are personalised and assure equitable uptake, access and delivery of outcomes. Our public health and prevention portfolio of services is focused on residents and communities with the highest levels of risk to ill health and declining functionality.

Our transformation and savings portfolio is led by actions we would take to improve services and promote independence and as such aim to benefit all resident groups. Where there are de-commissioning elements we work closely with partners and customers to understand and cater for the impact.

The biggest challenge we face is ensuring that equality monitoring is captured and related to our understanding of access to services and delivery of successful outcome particularly by gender, BME, religious and LGBT groups. Whilst some elements of the annual customer satisfaction survey provides some insight we need to develop our monitoring and analytical system.



## Financial Overview

### Revenue Expenditure

Revenue Expenditure - 2016/17	Budget	Actual Spend
ASC Business	£0.17m	£0.17m
ASC Finance & Resources	£3.24m	£3.24m
ASC Integrated Care	£48.91m	£48.91m
ASC Strategic Commissioning	£14.77m	£14.77m
Whole Systems	£0.39m	£0.39m

Revenue Expenditure - 2017/18	Budget
ASC Finance and Resources	£2.37m
ASC Integrated Care	£42.68m
ASC Strategic Commissioning	£11.06m
ASC Whole Systems	£0.07m

### Savings

Savings – 2016/17	Service Area	Target	Actual
Contract Efficiencies	Strategic Commissioning	£1.192m	£1.192m
Housing Joint Review	Strategic Commissioning	£0.1m	£0.1m
Ops Alignment	Integrated Care	£1.908m	£1.908m
ASC to meet PH outcome	Integrated Care	£0.686m	£0.686m
High Cost, High Need Review	Integrated Care	£0.35m	£0.35m
BCF – Benefit Share	Whole Systems	£0.5m	£0.5m
PH – WE*	Integrated Care	£0.2m	£0.2m
Increase in Social Care to Benefit Health	Whole Systems	£0.2m	£0.2m
MH Placements	Integrated Care	£0.15m	£0.15m
LD Placements	Integrated Care	£0.4m	£0.4m
Supplies and Services	All areas	£0.26m	£0.26m
Shopper Service	Strategic Commissioning	£0.06m	£0.06m

Savings – 2017/18	Service Area	Target
Commissioning Efficiencies	Strategic Commissioning	£0.38m
Prevention Services	Strategic Commissioning	£0.78m
High Cost, High Needs	Integrated Care	£0.15m
Better Care Fund – Health Integration	Whole Systems	£0.5m
PH Initiative – Social Isolation	Integrated Care	£0.2m
Mental Health Placements	Integrated Care	£0.1m
Learning Disability S&S Review	Strategic Commissioning	£0.2m
ASC meeting Public Health Outcomes	All Areas	£1.18m
Other S&S Review	Integrated Care	£0.2m
ASC Levy	Integrated Care	£0.98m



**Financial Overview (continued)**
**Grant Funding**

<b>Grant Funding - 2016/17</b>	2016/17 Amount	2017/18 Amount
Independent Living Fund	£0.33m	£0.33m
Local Reform and Community Voices	£0.18m	£0.17m
Social Care Capital Grants Unapplied	£3.16m	£2.87m
ASC Support Grant 17/18	N/A	£1.33m

**Capital Programmes**

<b>Capital Programmes - 2016/17</b>	Budget	Actual Spend
Barnard & Florey Lodge	£0.18m	£0.00m
MOSAIC Upgrade	£0.20m	£0.06m
Resident Asset Replacement	£0.43m	£0.24m

<b>Capital Programmes - 2017/18</b>	Budget
Barnard and Florey Lodge	£0.18m
Health Integration	£0.1m
Mobile Working	£0.1m
People First Website	£0.1m
MOSAIC Upgrade	£0.15m



**Financial Overview (continued)**
**Public Health Financials**

The grant funding for 2017/18 will be reduced by £811k (2.5%) when compared with 2016/17, with the main changes to how this is spent as follows:

- Further savings (£350k) in Substance Misuse linked to the re-procured services for core alcohol and core drugs provision;
- Savings for the realignment of budgets in Families & Children's with efficiency savings identified for 0-5 services (£480k);
- New Contraception and Community Sexual Health contracts will deliver savings of £265k.
- Increased transformation funding (£3m) to fund identified public health outcomes being delivered across the Council. This will substitute existing general fund allocations and help deliver the overall MTF challenge.

Aside from the main commissioned contracts within Public Health, there has been a staffing restructure which will be operational from 1st April 2017. The impact of this will be for a staffing saving of £200k which will be split across the three boroughs.

During 2017/18, the Public Health prioritisation framework will be finalised and used to identify where the most favourable outcomes are delivered, taking into account the budget available, relative need and the best long-term benefit to the public's health in Westminster.

**Revenue Expenditure**

Revenue Expenditure - 2016/17	Budget	Actual Spend
Adult Commissioning	£20.696m	£16.717m
Children's Commissioning	£8.473m	£7,722m
PH Director	(£1.136m)	(£0.325m)
PH Intelligence	£0.959m	£0.983m
PH Operations	£0.842m	£1.013m
PH Strategic Relationships	£6.701m	£6.465m

Revenue Expenditure - 2017/18	Budget
Adults Commissioning	£18.838m
Children's Commissioning	£7.118m
PH Director	(£5.900m)
PH Intelligence	£1.017m
PH Operations	£0.956m
PH Strategic Relationships	£10.047m

**Savings**
**Savings – 2016/17**

Savings are aligned to increased investment in transformation funding across council departments, given the public health budget is ring-fenced.

Savings – 2017/18	Service Area	Target
Re-procured services	Substance Misuse	£0.350m
0-5 Services	Families & Children's	£0.480m
Community Sexual Health	Sexual Health	£0.265m

Grant Funding - 2016/17	2016/17 Amount	2017/18 Amount
2016/17 Public Health Grant	£32.886m	£32.075m



## 5. Consultation Exercises

Consultation Exercises Taken Place Over 2016/17				
Consultation Exercise	Informal/Formal	Customer Group	Feedback	Improvement/Action
Customer Journey Re-structure	Formal	Staff	Broad support for service re-design although concerns regarding workload.	Moderations made to final restructure including cross team management.
Your Voice Annual Staff Consultation Exercise	Formal	Staff	Managers held in high regard. Need to continue to improve the way in which change is managed.	Your voice staff summit and action plan put into place in January 2017 including actions for improved communication and co-production.
Annual Service User Consultation Survey	Formal	Existing Customers	Feedback requires benchmarking and will be published in September 17	To be confirmed.
Continued consultation on Home Care Re-Commission	Formal and Informal	Existing Customers	Continuing need to assure quality Support for re-abling approach	Home Care Management Team's role extended to support quality assurance through the Customer Journey Re-structure. Continued focus on newly appointed providers' performance. Outcome based framework for service delivery including reablement approach is being co-produced.
Mental Health Day Opportunities Re-Commission	Formal	Existing and Potential Customers	Support for extending choice and opportunities; with careful transition to the new service.	Continued delivery of the re-commission which will be completed by the end of 2017
Carers Services Re-Commission	Formal	Existing and Potential Customers	Support for extending range and flexibility of services being delivered to meet the diverse and changing needs of carers.	Continued delivery of the re-commission which will be completed by the end of 2017
Health and Well Being Strategy Refresh	Formal	Partners Residents	TBA	TBA
JSNA review	Informal	Commissioners	Making the process more streamlined and the products more relevant.	Process redesign aligning JSNA work to the Health & Wellbeing Strategy; and development of the Online JSNA tool.
Older peoples use of digital services	Informal	Residents using health services	The main thing holding older people back from using digital services is knowledge, they would like to use them more but don't know how	Consider digital champion activities when redesigning services to increase digital use
Sexual health service redesign	Informal	Residents using sexual health services	Input into new service model	Service specification updated to reflect feedback
Substance misuse satisfaction survey and focus groups	Informal	Residents using substance misuse services	Feedback on new service model	Action plan developed
Public Health staff re-structure consultation	formal	Staff working in the Public Health team	Feedback considered when finalising operating model	New public health operating model implemented 3 April 2017.



Consultation Exercises Planned for 2017/18			
Consultation Exercise	Informal/ Formal	Customer Group	Improvement/Action
Continuing consultation exercises from 2016/17 for the key commissioning projects set out (extra care, LD support and accommodation, dementia day care and home care).	Formal	Older People Learning Disabilities	To inform re-commission phase of these projects
Consultation and Co-Production campaign for Personalisation	Formal and Informal	Staff Provider Partners Customers from all ASC groups	To support delivery and continued improvement of the strategy and plan
Consultation and Co-Production campaign for Front Door and Prevention Services	Formal and Informal	Staff Provider Partners Customers from all ASC groups	Top support design and options appraisal

Specific Staff Consultation Planned for 2017/18			
Consultation Exercise	Informal/ Formal	Customer Group	Improvement/Action
Improve the quality of supervision, target setting and development stretch for staff with a focus on productivity, value and supporting change.	Both	All staff	<p>There will be a major drive to improve the quality of supervision, target setting and development stretch for staff with a focus on productivity, value and supporting change. There will also be focus on improving the quality of supervision through shared learning and development sessions.</p> <p>The Departments communications and change management plan will ensure that campaigns that promote understanding and co-production are in place for all major programmes and projects. There will be increased visibility and engagement between senior managers and staff and re-development of change champions supported by the council's corporate programme.</p>

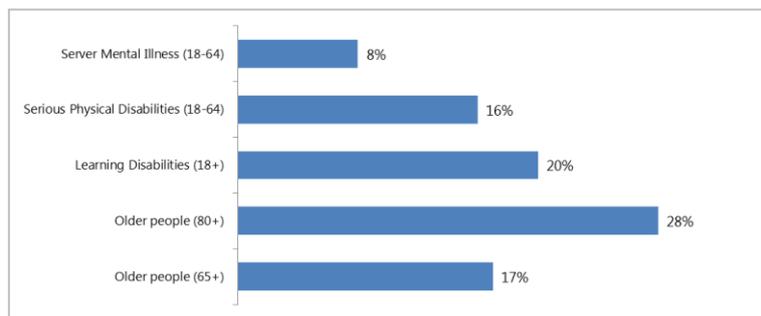


## 6. Service Pressures, Challenges and Opportunities

### For the Year Ahead

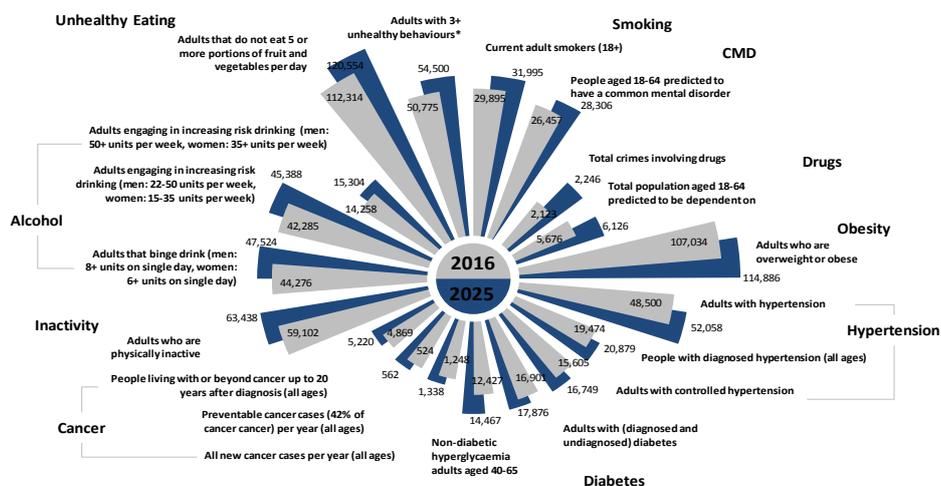
The UK is facing significant demographic pressures resulting from a greater number of people born in the post war 'baby boom' and an improved life expectancy rate means demand for services for older people aged 65+ is likely to increase by one fifth over the next 10 years. Within this group, the number aged 80+ is likely to rise by nearly a third. This will have a significant impact on demand for residential and nursing home placements, and care at home. Older people will also spend an increasing amount of time in poor health. Improved life expectancy for those with learning disabilities into adulthood and old age will also result in increased pressure to provide service, with many older people with learning disabilities also suffering from conditions common to the general population such as dementia. The number with physical disabilities and mental health disorders is harder to predict, but is likely to rise, with an overall rise in the local population. Customers receiving our services will increasingly wish for more choice and control over planning their care arrangements.

Chart 1: Expected growth of care groups in Westminster, next 10 years



Market forces including commitments to the London Living Wage, limited supply, Brexit and inflation are also bearing down on costs, and over the last year there has been an increasing level of financial pressure in health which is putting continuing levels of health investment in social care services at risk. Whilst public health funding has been used to prioritise the continued delivery of preventative services that target those most at risk of increasing ill-health and declining independence this funding stream is also facing substantial and continuing levels of reduction.

The population who are choosing unhealthy lifestyles is growing in number, and the consequences in development of cardiovascular disease, lifestyle related cancers, liver disease, loss of days to employment, earlier poor health or disability contribute to significant cost pressures on both Adult Social Care and NHS services.



Adults are classified as age 16+  
 \* Unhealthy activity includes smoking, consumption of alcohol in excess of government guidelines, low consumption of fruit and vegetables, physical inactivity



## For the Year Ahead

In public health the key challenges and risks are in the following areas;

- Delay in procurement for GUM transformation programme due to regional discussions and agreements being delayed in respect of finalising the procurement. A plan is place to ensure that we deliver with the shortest delay in possible and the award given and service mobilised by July 2017.
- Council funding arrangements (ring-fence PH budget; business rate retention)
- Implementing re-structure (vacancies – capacity) Loss of expertise as we are moving towards more generic skill mix.



## 7. Delivery Assurance and Reporting Controls

### Summary of Reporting Arrangements for Monitoring Progress against the Business Plan for 2017/18

- Delivery assurance is provided by five complimentary frameworks that are a core focus of the Adult Leadership Teams business.
- Risk management (see below)
- Performance Management (this includes a dedicated board, monthly review and quarterly accountability review process that is led by responsible managers)
- Budget and Financial Management (aligned to the corporate budget management process and incorporating a monthly review and where required recovery management)
- Transformation, Programme and Project Management (this includes a monthly Transformation Board Portfolio review reporting process and monthly 'deep dive' agenda item; benefits management is aligned to performance and financial management frameworks).
- Lead Cabinet Member Management through the three borough cabinet member steering group and monthly cabinet member meeting.
- The rapidly developing Governance and Delivery Structure for the STP that covers the NWL sub regional footprint will be an increasingly important focal point and driver for the development of the existing local Joint Executive Team and Health and Well Being Board that provides the governance and delivery structure for partnership work across health and the Council.

### Risk Management Reporting Arrangements for 2017/18

In essence both the Public Health and Adult Social Care directorate's approach to risk management is a pragmatic one, based on and complying with the principles of the internationally-recognised Risk Management standard AS/NZS 4360:2004. This Standard is principally concerned with ensuring that health and social care organisations have the basic building blocks in place for managing risk through development and implementation of a robust risk management system. Both services approach to risk management fully conforms to Shared Services corporate risk management standards, including in respect of managing hazards, incidents, complaints and claims.

There is a clearly-defined structure and process in place for capturing and managing risks. The Executive Director of ASC and Director of Public Health, are the relevant senior accountable officers, who have the responsibility for ensuring the risks identified by the ASC and Public Health directorates respectively, are managed effectively. The accountable officers champion and have overall ownership of the risk management process. They ensure that appropriate commitment and compliance to the process occurs throughout the services.

Strategic, cross cutting and the greatest service level risks are reviewed every quarter by senior management teams. This process is informed and supported through risk management work taking place at lower divisional and team levels.

Key themes for risk management are in the areas of;

- National policy, financial stability and delivery against all opportunities for demand and cost reduction.
- Partnership working including sustainability of health investment in social care .
- Programmed and project delivery
- Market fragility and management.
- Safeguarding and case level management.
- Customer satisfaction and change management.
- Workforce Management

Governance and management systems and work plans are in place to support risk management across all these key themes.



## 8. Deliverables – Activities Planned for the Year Ahead

The table below set out the means by which the objectives for the directorate will be translated into action. This section shows the activities and deliverables that will need to be delivered in order to achieve council's strategic and operational objectives.

Priority /Objective	Planned Deliverable	Completion Date	Intended Outcome	Success Measure
<b>Adult Social Care</b>				
Delivering priorities for older people with physical disabilities, learning disabilities and mental health needs	<ul style="list-style-type: none"> <li>Complete a housing and support plan for residents with LD</li> </ul>	31/12/17	Percentage of LD customers supported in the community	KPI target tba
	<ul style="list-style-type: none"> <li>Complete the re-commission of LD accommodation and support putting independent living fund arrangements at the front and centre.</li> </ul>	30/09/18	To increase customer's choice and control	As above KPI Target
	<ul style="list-style-type: none"> <li>Complete review of the Learning Disabilities Service and work to strengthen transition management.</li> </ul>	31/12/17	Review published and action plan for recommendations for improvement implemented.	Improvement in Customer Satisfaction
	<ul style="list-style-type: none"> <li>Deliver a continued programme of community engagement to support the delivery of Health and Well Being Strategy priorities including self-care and mental health.</li> </ul>	Harley	Better co-ordinated care and improved independence for the most frail and vulnerable customers / patients and those with long term conditions	Reduction in demand leading to efficiencies and financial savings
	<ul style="list-style-type: none"> <li>Delivery the Department's Personalisation Strategy and Action Plan including peer led review, co-produced support offer, communication and marketing, making direct payments more accessible and staff development.</li> </ul>	31/03/18	Direct Payments to be the first choice option for the management of personal budgets and to facilitate this with a quick, easy and well-supported set up process.	Percentage of those service users with Direct Payments against those without
	<ul style="list-style-type: none"> <li>Complete the local mental health strategy and delivery plan and initial priorities on completion of the day care re-commission, personalisation and direct payments and improvements to transition management across acute, secondary and primary care.</li> </ul>	31/03/18	To increase customer's choice and control	Improvement in Customer Satisfaction
Re-designing and re-commissioning care and support services and developing new approaches to support planning - to deliver better outcomes, quality and more personalised service.	<ul style="list-style-type: none"> <li>Complete roll out of the simplified system for safeguarding case management ensuring it is delivering a proportionate and personalised approach.</li> </ul>	30/09/17	A streamlined process across safeguarding reducing the number of forms needed (13 down to 8)	Efficiency savings and improved customer experience
	<ul style="list-style-type: none"> <li>Complete feasibility assessment for the piloting of an adults multi-agency safeguarding hub (MASH) and, if feasible initiate the pilot.</li> </ul>	31/03/18	Deliver a adults multi-agency safeguarding hub (MASH)	Adults multi-agency safeguarding hub (MASH) implemented

Priority /Objective	Planned Deliverable	Completion Date	Intended Outcome	Success Measure
Upgrade our prevention and wellbeing programme	<ul style="list-style-type: none"> <li>Commission a supported employment service for residents with learning and physical disabilities ensuring that is aligned to the Council's wider employment service offer.</li> </ul>	31/03/18	To aid and support service users into employment to promote independence	Percentage of service users with Learning Disabilities and Physical Disabilities in paid employment
	<ul style="list-style-type: none"> <li>Deliver initial priorities and set out the future service design for ASC front door services and the commissioning plan for targeted preventative services; ensuring this is aligned to corporate digital and one front door programmes.</li> </ul>	30/09/17	Delivery of a single integrated front door operating digitally by design to enable the majority of enquiries to be handled self-service	Reduction in demand leading to efficiencies and financial savings
Manage the market to ensure we have the local workforce and safe and sustainable localised care and services we need	<ul style="list-style-type: none"> <li>Successful delivery of the re-procurement of community equipment through a Cross London framework to deliver improved value for money.</li> </ul>	01/04/17	Framework that can be accessed and utilised by 17 boroughs across London	Use of framework to deliver efficiencies leading to financial savings
	<ul style="list-style-type: none"> <li>Following positive co-production work with carers undertaken in 2016/17 complete the re-commissioning of carers support services and award contracts to provide a more responsive and flexible service.</li> </ul>	31/07/17	New contracts to start August 2017	Improved customer and carer satisfaction
	<ul style="list-style-type: none"> <li>Complete delivery of all elements of the Home Care Re-Commission Programme including hybrid health working, reablement standard and revised market management strategy to account for increased fragility of the local market.</li> </ul>	31/03/18	Subject to a successful pilot mobilisation of all homecare providers to deliver low level health tasks.	Delivery will eliminate missed calls, reduce complaints and improve satisfaction ratings (annual ASCOF survey)
	<ul style="list-style-type: none"> <li>Deliver re-procurement of extra care services for older people to deliver improve quality and value for money service.</li> </ul>	31/07/17	Delivery of a core and flexible hours model and specification that will improve outcomes for service users and could prevent or delay the need for further social care services.	Reduction in financial risk of voids
	<ul style="list-style-type: none"> <li>Re-commission of OP Dementia Day services to provide improved quality, choice and value for money.</li> </ul>	31/03/18	Complete mini-audit of services and de-commission those deemed no longer value for money. Issue of contracts to those approved through quality assurance. Develop strategy for commissioning of these services for the future.	Reduction in provision that does not offer value for money therefore offering efficiencies (financial savings)

Priority /Objective	Planned Deliverable	Completion Date	Intended Outcome	Success Measure
Whole system service integration and the development of new and innovative partnerships and collaborations	<ul style="list-style-type: none"> <li>Continued delivery of health and social care integration, including;               <ul style="list-style-type: none"> <li>Finalisation of the 2017/18 Better Care Fund Plan and the Governance</li> <li>Delivery framework for the 5 year Sustainability and Transformation Plan (2017-2020) and</li> <li>Continued Delivery of North West London Alliance sub regional improvement streams.</li> </ul> </li> </ul>	31/03/18	The overarching approach to the 17/18 BCF is to build on previously agreed BCF plans. These plans are: Embedding the Community Independence Service, Joint Commissioning Developments and a Single system performance dashboard and oversight	The protection and development of Adult Social Care services and NHS Community Services with capacity to support key projects.
	<ul style="list-style-type: none"> <li>Continued delivery of joint investment and working towards full integration of local hospital discharge and community independence services.</li> </ul>	31/03/17	Effective integration of health and social care mobilisation plans utilising robust processes, systems and documentation	The protection and development of Adult Social Care Services with NHS Community Services with capacity to support key projects
	<ul style="list-style-type: none"> <li>Utilise Department of Health Funding to deliver phase 3 of the West London Alliance Hospital Discharge Programme to assure consistent practice and performance in hospital discharge management across the sub region.</li> </ul>	30/09/17	Continuous improvement plans for current services with customers not adversely affected	The protection and development of Adult Social Care Services with NHS Community Services with capacity to support key projects
Upgrade our prevention and wellbeing programme	<ul style="list-style-type: none"> <li>Deliver housing allocation, sheltered housing, adaptations, assisted technology priorities that are key to promoting continued independence and reducing the need for care and support services.</li> </ul>	31/03/18	To increase customer's choice and control	Reduction in demand leading to efficiencies and financial savings
	<ul style="list-style-type: none"> <li>Full mobilisation and delivery of social work led workstreams to better promote independence and reduce care and support costs wherever possible. This includes work focussing on assessment and reviews, direct payments and e-purchasing as first choice and improved transition management</li> </ul>	30/09/17	To manage demand through promoting independence that could prevent or delay the need for social care services	Percentage of those receiving direct payments to manage personal budgets against those who do not



Priority /Objective	Planned Deliverable	Completion Date	Intended Outcome	Success Measure
<b>Public Health</b>				
Children will leave school a healthy weight	<ul style="list-style-type: none"> <li>Create seven Horticulture Hubs and offer community gardening and education at 11 additional sites.</li> </ul>	31/03/2018	<ul style="list-style-type: none"> <li>Increased pupil, parent and teacher knowledge of food growing.</li> <li>Increased consumption of fruit and vegetables..</li> <li>Increased mental wellbeing and accomplishment.</li> </ul>	Establish 7 new horticultural hubs and utilise well 11 existing community gardening and education growing sites.
	<ul style="list-style-type: none"> <li>Update our obesity strategy and associated action plan.</li> </ul>	31/03/2018	New strategy and action plan informed by the recommendations from the Tackling Childhood Obesity Together evaluation, national and international best practice and latest evidence base.	<b>PHOF 2.06</b> - Child excess weight in 4-5 and 10-11 year olds
Improve oral health	<ul style="list-style-type: none"> <li>Support the implementation of the Oral Health promotion service, procured by NHS England and launched in April 2017, and monitor the impact to ensure it delivers improvements to child oral health, older people and vulnerable groups.</li> </ul>	31/03/2018	Production of brief oral health promotion film in collaboration with communications. Delivery of effective oral health campaign as part of the wider Sugar smart campaign..	<b>PHOF 4.02</b> Proportion of 5 year old children free from dental decay
Provide universal and targeted support for younger residents	<ul style="list-style-type: none"> <li>Launch a new School Health Service.</li> </ul>	31/07/2017	<ul style="list-style-type: none"> <li>Increased support for transition to primary school</li> <li>A consistent and equitable offer of Relationships and Sex Education</li> <li>School nurses trained up to be Tier 1 mental health workers</li> <li>A confidential drop-in service for young people at all secondary schools</li> <li>As well as accessing their school nurse via drop-ins parents, children and young people will continue to be able to book appointments with their school nurse.</li> </ul>	<b>PHOF 2.04</b> Under 18 conceptions <b>PHOF 2.10</b> self harm
Deliver joined up service provision for residents aged 0-19 which enhances effectiveness and delivers efficiencies	<ul style="list-style-type: none"> <li>Develop a 0-19 integrated Children's commissioning strategy to ensure children and families have the support they need at the earliest opportunity identified.</li> </ul>	31//03/2018	Development of an integrated service model which is underpinned by prevention and early interventions.	<b>PHOF 1.02</b> School readiness <b>PHOF 2.05</b> Child development at 2-2.5 years



Priority /Objective	Planned Deliverable	Completion Date	Intended Outcome	Success Measure
Promote maternal health	<ul style="list-style-type: none"> <li>Invest in a new borough wide maternity champions project</li> </ul>		New service launched which will increase the uptake of ante and post-natal services, guide and support new parents and encourage parents to form social groups to support each other.	<p><b>PHOF 2.01</b> Low birth weight of term babies</p> <p><b>PHOF 2.02</b> Breastfeeding</p>
Promote good health, self-care and, where appropriate, pathways into support services.	<ul style="list-style-type: none"> <li>Develop and roll out a series of health promotion campaigns aligned with national and local priorities.</li> </ul>	31/03/2018	Residents are able to make informed healthy choices.	Cross cutting agenda linked to health improvement, health protection initiatives & preventing premature mortality.
Through the Making Every Contact Count approach, we will up skill staff to divert, refer, prevent and intervene early	<ul style="list-style-type: none"> <li>Develop a Making Every Contact Count implementation strategy which includes training social workers, librarians and environmental health officers to take proactive and preventative action where possible.</li> </ul>	31//03/2018	WCC is an organisation that treats every contact with a resident as an opportunity to promote health.	100 social workers, librarians and city inspectors trained.
Reduce premature mortality by investment in services which protect and promote mental health, physical health and well-being.	<ul style="list-style-type: none"> <li>Combine individual behaviour change services (including smoking, healthy heart and health trainers) and redesign and re-commission a more effective and holistic Healthy Lifestyles Service</li> </ul>	31//03/2018	New sustainable, integrated and innovative service model which is more accessible and encourages self-management.	<p><b>PHOF 2.13</b> Proportion of physically active or inactive residents</p> <p><b>PHOF 2.14</b> Smoking prevalence</p> <p><b>PHOF 4.03</b> mortality rate from causes considered preventable</p> <p><b>PHOF 4.04</b> Under 75 mortality rate from all cardiovascular diseases</p>
	<ul style="list-style-type: none"> <li>Maximise the uptake and outcomes associated with the provision of holistic drug and alcohol treatment and prevention across all cohorts.</li> </ul>	31//03/2018	Reduce the health and social harms that substance misuse has on the individual, their family and wider society.	<p><b>PHOF 2.15</b> Drug &amp; Alcohol completion</p> <p><b>PHOF 2.16</b> Adults with substance misuse who engage in treatment following release from prison.</p> <p><b>PHOF 2.18</b> Alcohol related hospital admissions</p>
	<ul style="list-style-type: none"> <li>Publish the Director of Public Health's annual report on mental wellbeing in order to initiate a review of mental illness prevention locally.</li> </ul>	31/10/2017	Annual report published. Supporting action plan developed.	<b>PHOF 2.23</b> Self -reported well-being

Priority /Objective	Planned Deliverable	Completion Date	Intended Outcome	Success Measure
Deliver effective and efficient sexual and reproductive health services which promote good sexual health, reduce the prevalence of STI infections and improve access to a range of contraception.	<ul style="list-style-type: none"> <li>Implement a new genitourinary medicine (GUM) service model and online Sexually Transmitted Infection (STI) screening service.</li> </ul>	31/10/2017	More effective and efficient London wide service provision.	<b>PHOF 2.18</b> Under 18 conceptions <b>PHOF 3.02</b> Chlamydia diagnosis <b>PHOF 3.04</b> People Presenting with HIV at a late stage of infection. (New STI diagnosis monitored)
	<ul style="list-style-type: none"> <li>Launch and implement new community sexual health service model which includes screening, contraception, health promotion and psychosocial support.</li> </ul>	30/09/2017	New model, which embeds prevention and improves accessibility, will enhance the local service offer.	<b>PHOF 2.18</b> Under 18 conceptions <b>PHOF 3.02</b> Chlamydia diagnosis <b>PHOF 3.04</b> People Presenting with HIV at a late stage of infection. Uptake of Long Acting Reversible Contraception. (New STI diagnosis monitored)
Effective use and development of evidence to allocate resources	<ul style="list-style-type: none"> <li>Undertake a Prioritisation Programme to inform 2018-19 public health budget allocations and beyond.</li> </ul>	31/03/2018	The Prioritisation Programme will ensure Public Health services and strategies are focused on areas with the greatest need and where we can have the biggest health impact.	Evidenced based commissioning and decision making.
Improve air quality and protect the most vulnerable residents from exposure to high pollution.	<ul style="list-style-type: none"> <li>Through collaborative initiatives with the NHS and community partners on air quality which will improve local understanding of the health impact on local populations , support the development of local solutions to improve air quality and embed messages about the health impact of air pollution, targeting the most vulnerable</li> </ul>	31/03/2018	Collaborative and coordinated approach to improving air quality.	<b>PHOF 3.01</b> Fraction of mortality attributable to particulate air pollution.

## 9. Key Performance Indicators (KPI) – Monitoring Service Performance

KPI Description	Data Availability	2016/17 Position	2017/18 Target
<b>Adult Services</b>			
1. Proportion of adults with a learning disability known to ASC in paid employment	Quarterly	9.20%	9.2%
2. Proportion of adults in contact with Mental Health services in paid employment	Quarterly	6.80%	6.4%
3. Percentage of people completing reablement who require a long-term service	Quarterly	29%	29%
4. Overall satisfaction of people who use services with their care and support	Annually	59.50%	No target set
5. The % of people who use services who find it easy to find information about support	Annually	72.70%	No target set
6. Delayed transfers of care, acute days attributed to social care (cumulative)	Quarterly	826	1,103
7. Carers receiving an assessment or review	Quarterly	85%	90%
8. New permanent admissions to residential care, aged 65+	Quarterly	37	95
9. New permanent admissions to nursing care, aged 65+	Quarterly	58	95
10. Adults receiving a personal budget (minus MH 18-64)	Quarterly	92.10%	90%
<b>Public Health</b>			
11. % opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Quarterly	6.90%	No target
12. % non- opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Quarterly	36.20%	No target
13. Percentage of children who received a 2-2.5 year review	Quarterly	100%	75%
14. Number (and %) of Children at 4-5 years old defined as overweight or obese	Quarterly	23.70%	No target
15. Number (and %) of Children at 10-11 years old defined as overweight or obese	Quarterly	39.70%	No target
16. The % of people presenting with HIV at a very late stage of infection (where CD4 count is less than 350)- PHO 3.04	Quarterly	23.80%	No target
17. Rate of conceptions per 1,000 females aged 15-17	Quarterly	11.97%	No target
18. Chlamydia detection rate among 15-24 year olds per 100,000 population	Quarterly	1,791	No target
19. All new STI diagnoses (rate per 100,000 population)	Quarterly	2,027.27	No target
20. Number of residents reached through community champion activity	Quarterly	17,545	10,000
21. Number of people who completed the Exercise Referral Programme as % of people who had a start date recorded within one financial year	Quarterly	38%	No target
22. Number of personal health plans completed	Quarterly	1,401	1,056
23. Rate of alcohol related hospital admissions per 100,000 (PHO 2.18)	Quarterly	370.69	No target
24. Stop Smoking Services – number of 4 week quits	Quarterly	1,483	1,437
25. Number of NHS health checks taken up by eligible population	Quarterly	6,465	8,330

\*Data supplied is for academic year 2015-16

